



Consumer Counsel Tax

69-1-223, MCA

MONTANA
CCT
Rev. 4-04

Statement of Gross Operating Revenue Within Montana and Tax Due

Quarter ending _____/_____/_____

Federal ID # _____

Name and address
of regulated company

Please check the appropriate box for the broad general category of regulated service provided:

- | | |
|--|---|
| <input type="checkbox"/> Natural Gas Supplier | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Water System | <input type="checkbox"/> Electricity Supplier |
| <input type="checkbox"/> Telephone & Telegraph | <input type="checkbox"/> Pipeline |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Sewer System |
| | <input type="checkbox"/> Motor Carrier PSC Number _____ |

Is service generally provided statewide? ☐ Yes ☐ No

If not provided statewide, indicate particular area for which service is provided: _____

1. Gross operating revenue generated by all regulated activities within Montana for this calendar quarter..... \$ _____
2. Gross revenues from sales to other regulated companies for resale..... \$ _____
3. Tax due (line 1 times tax rate of _____) \$ _____
4. 10% penalty due (10% of line 3)..... \$ _____
5. Interest due (1% per month)..... \$ _____
6. Total amount due (sum of lines 3, 4, 5)..... \$ _____

Revenue Account Code 512141

Remittance for tax due must accompany this report.

_____ Date	_____ Signature of Preparer	_____ Print Name	_____ Phone - Ext.
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Instructions: Prepare statement in duplicate. Retain duplicate in company files for audit purposes. Statement and remittance for any tax due must be received on or before the 30th day following the end of each calendar quarter. If you have any questions, please write or contact our Customer Service Center at:

Montana Department of Revenue
P.O. Box 5835
Helena, MT 59604-5835
(406) 444-6900